

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No.: CML00320CR			
		First Inventor: Engel et al.			
		Title:	METHOD OF WRITING TO A MULTI-STATE MAGNETIC RANDOM ACCESS MEMORY		
		Express Mail Label No.: EV314955831US			
(Only for new nonprovisional applications under 37 CFR 1.53(b))					
<b>APPLICATION ELEMENTS</b> (see MPEP chapter 600 concerning utility patent application contents)		ADDRESS TO: Mail Stop: Patent Application Commissioner for Patents PO Box 1450 Alexandria, VA 22313-1450			
1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate <small>(Submit an original and a duplicate for fee processing)</small> 2. <input type="checkbox"/> Applicant claims small entity status <small>See 37 CFR 1.27</small> 3. <input checked="" type="checkbox"/> Specification Total Pages <span style="border: 1px solid black; padding: 2px;">36</span> <small>(preferred arrangement set forth below)</small> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-4 (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies			
<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>10. <input type="checkbox"/> 37 CFR 3.73(b) <input type="checkbox"/> Power of Attorney Statement (when there is an assignee)</li> <li>11. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>12. <input type="checkbox"/> IDS <input type="checkbox"/> Copies of IDS Citations</li> <li>13. <input type="checkbox"/> Preliminary Amendment</li> <li>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)</li> <li>15. <input type="checkbox"/> Certified Copy of Priority Document</li> <li>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.</li> <li>17. <input type="checkbox"/> Other: _____</li> </ul>					
4. <input checked="" type="checkbox"/> Drawing(s) Total Sheets <span style="border: 1px solid black; padding: 2px;">4</span> 5. Oath or Declaration <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> DELETION OF INVENTOR(S)                  Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul>		6. <input type="checkbox"/> Application Data Sheet under 37 CFR 1.76			
18. IF A CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) Prior Appl. No. _____ Prior Appl. information: Examiner: _____ Group/Art Unit: _____					
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.					
<b>19. CORRESPONDENCE ADDRESS</b>					
<input checked="" type="checkbox"/> Customer Number or Bar Code Label		23330	<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below		
Name	William E. Koch				
Address	Motorola, Inc. – Law Department				
	3102 North 56 <sup>th</sup> Street				
City	Phoenix	State	AZ	Zip Code	85018
Country	U.S.A.	Telephone	602-952-3482	Fax	602-952-3945
Name	William E. Koch			Registration No.	29,659
SIGNATURE	<i>William E. Koch</i>			Date	12/5/2003

**FEE  
TRANSMITTAL**

Patent fees are subject to annual revision

**TOTAL AMOUNT OF PAYMENT**

**(\$)** 1042

<i>Complete if Known</i>	
Application Number	
Filing Date	
First Named Inventor	Bradley N. Engel
Examiner Name	
Group Art Unit	
Attorney Docket No.	CML00320CR

**METHOD OF PAYMENT**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:

Deposit Account Number

502117

Deposit Account Name

Motorola, Inc.

Charge Any Additional Fee required under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2.  Payment Enclosed:

Check     Credit Card     Money Order     Other

**FEE CALCULATION**

**1. BASIC FILING FEE**

Large Entity Fee Code	Small Entity Fee Code	Fee Paid
101 750	201 370	Utility filing fee 750
106 330	206 165	Design filing fee
107 520	207 255	Plant filing fee
108 750	208 370	Reissue filing fee
114 160	214 80	Provisional filing fee

SUBTOTAL (1) **(\$)** 750

**2. EXTRA CLAIM FEES**

Total Claims	Previously Paid**	Extra Claims	Fee from below	Fee Paid
16	20	= 3	X 18 = 252	
6	3	= 3	X 84 = 252	

Multiple Dependent

280 =

Large Entity Fee Code	Small Entity Fee Code	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	* Reissue independent claims over original patent
110 18	210 9	* Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) **(\$)** 252

\*\*OR NUMBER PREVIOUSLY PAID, IF GREATER THAN STANDARD ALLOWANCE.

\*For Reissues, see above

**3. ADDITIONAL FEES**

Large Entity Fee Code	Small Entity Fee Code	Fee Description	
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late Provisional filing	
139	130	Non-English specification	
147	2520	For filing a request for ex parte Reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	
116	410	Extension for reply within second month	
117	930	Extension for reply within third month	
118	1450	Extension for reply within fourth month	
128	1970	Extension for reply within fifth month	
119	320	Notice of Appeal	
120	320	Filing a brief in support of an appeal	
121	280	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1300	Petition to revive - unintentional	
142	1300	Utility issue fee (or reissue)	
143	470	Design issue fee	
144	630	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Processing fee under 37 CFR 1.17(q)	
126	180	Submission of IDS	
581	40	Recording each patent assignment per property (times number of properties)	40
146	740	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	For each additional invention to be examined (37 CFR § 1.129(b))	
179	750	Request for Continued Examination (RCE)	
169	900	Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee paid

SUBTOTAL (3) **(\$)** 40

**SUBMITTED BY**

Name (Print/Type)

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29,659

Telephone

602-952-3482

Signature

Date

25 Aug 03